Effective Date January 3, 2013 RECEIVED

L STATEMENT OF COSTS

DEC 03 2012

HOSPITAL STATEMENT OF COSTS

South Dakota Department of Social Services

PROVIDER AND AUDITS

This form is authorized by SDCL. 28-13, and hospitals are required to file the completed form with the Department of Social Services at least annually to participate under the County Poor Relief Program.

Name of Hospital: Aucra Sa	ared Itear	+ Hospital	
Address: 501 Summit	Yankton	50 51078	
Period covered by statement: From	7/1/11	to_6/30/12_	

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the Secretary of Social Services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners. (The thirty day timeframe under this statute shall be calculated pursuant to SDCL 15-6-6(a).)

DEPARTMENTAL LISTING	Column A - Cost (Per Medicare Cost Report)	Column B - Charges (Per Medicare Cost Report)	Ratio of Cost to Charges Column A Divided by Column B
INPATIENT ROUTINE SERVICE	9,476,003	13,785,546	74099 . 68738
NURSING CARE	4,870,419	23,979.096	,495032-1
SPECIAL CARE			,563064
Intensive Care Unit	1,690,284	3,001,941	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Coronary Care Unit			
Intermediate Care Unit			
Acute Care Unit			
NURSERY CARE	868 760	WEE 30, 722	,383864
	35, 880, 723	124,531,645	2000 00013
ANCILLARY SERVICE	36,297,050	124,757,857	729094 28813
		#30,015	.760145
OBSERVATION BEDS	5267879	Market State Control of the Control	